

Serial No. 09/965,180

Patent

Attorney Docket No.: 2001P17794US

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: MANZARDO

NOV 11 2005

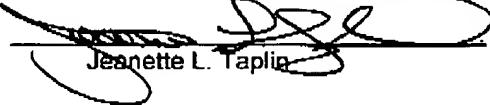
Application Serial No.: 09/965,180

) Certificate of Facsimile Transmission

Filing Date: September 27, 2001

) I hereby certify that this document is being  
) facsimile transmitted on the below listed date, to  
) the below listed fax number and consists of the  
) below listed number of pages.For: METHOD AND APPARATUS FOR  
PROVIDING BACK-UP  
CAPABILITY IN A  
COMMUNICATION SYSTEM) Date of Trans.: November 11, 2005  
) Fax Number: 571-273-8300  
) No. of Pages: Ext (1) + RCE (2) = Total (3)

Group Art Unit: 2157

) By:   
Jeanette L. Taplin

Examiner: Osman, Ramy M.

**REQUEST FOR CONTINUED EXAMINATION (RCE)**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

**TIME REQUEST IS BEING MADE**

2. This request is being submitted:

- Prior to abandonment of the application.
- With payment of the issue fee
- Prior to payment of issue fee
- Issue fee has been paid but a petition under §1.313 has been granted
- Prior to a decision on appeal to the Board of Patent Appeals & Interferences
- A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.

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## ENCLOSURES

## 3. Enclosed herewith is/are:

A Petition for Extension of Time for one (1) month(s).  
 Please enter the Amendment filed September 15, 2005.  
 Please enter the enclosed Preliminary Amendment.  
 An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and    references.  
 New arguments  
 New evidence in support of patentability  
 Other:

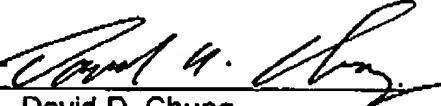
FEE FOR REQUEST (37 C.F.R. §1.17(e))4.  Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	Additional Fees
Total Claims	26	-26	=0	x \$ 50	\$ 0.00
Indep. Claim	8	-8	=0	x \$200	\$ 0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim			+ \$300	\$ 0.00	
			Basic Filing Fee	\$ 790.00	
			Total	\$ 790.00	

5.  Please charge Deposit Account No. 19-2179 in the amount of \$790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

Date: 10 Nov. 05

Respectfully submitted,

By: 

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 170 Wood Avenue South  
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